

GENERAL INFORMATION:

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right-hand corner of the worksheet.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheet.

You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.

FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center as an email attachment or on a CD ROM use the following naming standard: Each file must start with the designation of "C" followed by the provider's three digit DOR numerical designation and the month and year. See chart for month designations. For example: C372-J04 is Form DS 1962 for provider ID# 372 for January 2004.

PROVIDER INSTRUCTIONS:*Provider (Regional Center Vendor) Contact Information*

Provider Name: Enter the name of the agency as vendored by the regional center.

Provider Business Name (DBA): Enter a name if the provider uses one different than the name the regional center vendored for habilitation services.

RC Provider Number: Enter the agency's ID number provided by the vendoring regional center.

Provider Address/City/ZIP: Enter the provider's business address, city, and zip code. The business address should be the address the provider uses to conduct all its business activities. If the provider's business address is outside of California, list the two letter state abbreviation in the city field.

DOR Facility #: Enter the agency's ID number provided by the Department of Rehabilitation.

Worksite Information:

Worksite Name: Enter the name where the work is being conducted.

Worksite Address/City/ZIP: Enter the provider worksite's address, city, and zip code. The worksite address should be the address where the work is being conducted.

Type of Work: Enter the type of work the consumers are conducting at the work site.

Work Affected By: Check all conditions that will affect the work schedule.

Other Description: Enter the description of the condition(s) if Other box was checked.

Wages Paid by: Check the box as to whether the wages are paid by the provider (vendor) or the employer.

Method Establishing Consumer Wages: Check the method used to determine the consumers' wages.

Start Date: Enter the date the consumers will begin working at the worksite. Enter date as mm/dd/yy.

of Consumers: Enter the number of consumers that will be employed at the worksite.

Benefits Provided: Enter an "x" in the box reflecting any benefits the consumer will be receiving while working at the worksite. (I.e., Vacation, medical, dental, sick, or other. If other describe the benefit in the box below.

Other Description: Enter the description of the benefits provided if the Other box was checked.

Weekly Work Schedule and Meal Break Time

Start Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, example: 8:00 AM.

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, example: 8:00 AM.

Start Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their meal break. Use AM and PM designations, example: 8:00 AM.

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, example: 8:00 AM.

Duration: This field calculates each days total.

Total Hours Per Week: This field calculates the weekly total.

Staggered Hours: Check either yes or no box whether the employer requires the use of staggered hours to complete the work. This is only allowable if the non-staggered consumers do not wait while one consumer(s) is working.

If yes, justification: State the employers requirement(s) justifying staggered hours.

Other Groups Working at the Same Site at the Same Time: Check whether there is more than one work group working at the same site at same time.

If yes, justification: State justification if the consumers are allowed staggered hours.

Description of Consumer's Transportation Arrangements : Describe how consumers will get to the worksite. Transportation arrangements shall be the most cost efficient method.

Prepared by: Indicate the service provider's contact person requesting a new group.

Phone: Enter the telephone number of the contact person requesting a new group. Enter telephone number as XXX XXX-XXXX.

Date: Enter the date the preparer signed the form. Enter the date as mm/dd/yy.

To be completed by DDS:

Do not fill out shaded area. To be completed by DDS personnel.

Month Designations:

January	JA	April	AP	July	JL	October	OC
February	FE	May	MY	August	AG	November	NO
March	MR	June	JN	September	SE	December	DE